

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1		1			51		51		51	
2			1		1			52		52		52	
3			1		1			53		53		53	
4			1		1			54		54		54	
5			1		1			55		55		55	
6			1		1			56		56		56	
7			1		1			57		57		57	
8			1		1			58		58		58	
9			1		1			59		59		59	
10			1		1			60		60		60	
11			1		1			61		61		61	
12			1		1			62		62		62	
13			1		1			63		63		63	
14			1		1			64		64		64	
15			1		1			65		65		65	
16			1		1			66		66		66	
17			1		1			67		67		67	
18			1		1			68		68		68	
19			1		1			69		69		69	
20			1		1			70		70		70	
21			1		1			71		71		71	
22			1		1			72		72		72	
23			1		1			73		73		73	
24			1		1			74		74		74	
25			1		1			75		75		75	
26			1		1			76		76		76	
27			1		1			77		77		77	
28			1		1			78		78		78	
29			1		1			79		79		79	
30			1		1			80		80		80	
31			1		1			81		81		81	
32			1		1			82		82		82	
33			1		1			83		83		83	
34			1		1			84		84		84	
35			1		1			85		85		85	
36			1		1			86		86		86	
37			1		1			87		87		87	
38			1		1			88		88		88	
39			1		1			89		89		89	
40			1		1			90		90		90	
41			1		1			91		91		91	
42			1		1			92		92		92	
43			1		1			93		93		93	
44			1		1			94		94		94	
45			1		1			95		95		95	
46			1		1			96		96		96	
47			1		1			97		97		97	
48			1		1			98		98		98	
49			1		1			99		99		99	
50			1		1			100		100		100	
TOTAL IND.			1		1			TOTAL IND.		1		1	
TOTAL DEP.			10		10			TOTAL DEP.		10		10	
TOTAL CLAIMS			17		17			TOTAL CLAIMS		17		17	